

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.P.	20220	8-27-99
O.I.P.E. CLASSIFIER		8	8-31-99
FORMALITY REVIEW	GVB	66793	09/03/99

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1			2/1/99
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

Best Available Copy